

☒ **REPORT OF LOBBYIST EMPLOYER**

(Government Code Section 86116)

1/8

or

☐ **REPORT OF LOBBYING COALITION**

(2 Cal. Code of Regs. Section 18616.4)

**FORM 635**  
**1993**

**IMPORTANT:** Lobbying Coalitions must attach a completed Form 635-C to this Report.

**REPORT COVERS PERIOD FROM** 04/01/2009 **THROUGH** 06/30/2009

**CUMULATIVE PERIOD BEGINNING** 01/01/2009

**TYPE OR PRINT IN INK**

For information required to be provided to you pursuant to the Information Practices Act of 1977, see Information Manual on Lobbying Disclosure Provisions of the Political Reform Act.

**FOR OFFICIAL USE ONLY**

**A**

**B**

NAME OF FILER:

ALAMEDA COUNTY OF

BUSINESS ADDRESS: (Number and Street)

(City)

(State)

(Zip Code)

TELEPHONE NUMBER:

OAKLAND

CA

94612

**PART I - LEGISLATIVE OR STATE AGENCY ADMINISTRATIVE ACTIONS ACTIVELY LOBBIED DURING THE PERIOD**

(See instructions on reverse.)

AB16 AB17 AB73 AB262 AB287 AB295 AB346 AB791 AB932 AB962 AB980 AB999 AB1235 AB1272 AB1409 AB1427 SB50 SB114 SB152 SB346 SB486 SB600 SB603 SB797 SB810

☐ If more space is needed, check box and attach continuation sheets.

**SUMMARY OF PAYMENTS THIS PERIOD**

A. Total Payments to In-House Employee Lobbyists (Part III, Section A, Column 1) .....	\$	<u>0.00</u>
B. Total Payments to Lobbying Firms (Part III, Section B, Column 4) .....	\$	<u>83750.01</u>
C. Total Activity Expenses (Part III, Section C) .....	\$	<u>0.00</u>
D. Total Other Payments to Influence (Part III, Section D) .....	\$	<u>116238.80</u>

GRAND TOTAL (A + B + C + D above) .....	\$	<u>199988.81</u>
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E. Total Payments in Connection with PUC Activities (Part III, Section E) .....	\$	<u>0.00</u>
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F. Campaign Contributions: ☐ Part IV completed and attached ☒ No campaign contributions made this period

**VERIFICATION**

I have used all reasonable diligence in preparing this Report. I have reviewed the Report and to the best of my knowledge the information contained herein and in the attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on (Date)  
07/30/2009

At (City and State)  
Oakland CA

By (Signature of Employer or Responsible Officer)  
Donna Linton

Name of Employer or Responsible Officer (Type or Print)  
Donna Linton

Title  
Assistant County Administrator

PERIOD COVERED: 04/01/2009 06/30/2009NAME OF FILER: ALAMEDA COUNTY OF**PART II - PARTNERS, OWNERS, AND EMPLOYEES WHOSE "LOBBYIST REPORTS" (FORM 615) ARE ATTACHED TO THIS REPORT** (See instructions on reverse.)

Name and Title	Name and Title

☐ If more space is needed, check box and attach continuation sheets.
**PART III - PAYMENTS MADE IN CONNECTION WITH LOBBYING ACTIVITIES**

A. PAYMENTS TO IN-HOUSE EMPLOYEE LOBBYISTS (See instructions on reverse. Also enter the Amount This Period (Column 1) on Line A of the Summary of Payments section on page 1.)	(1) Amount This Period	(2) Cumulative Total To Date
	\$ 0.00	\$ 0.00

B. PAYMENTS TO LOBBYING FIRMS (Including Individual Contract Lobbyists)					
Name and Address of Lobbying Firm/Independent Contractor	(1) Fees & Retainers	(2) Reimbursements of Expenses	(3) Advances or Other Payments (attach explanation)	(4) Total This Period	(5) Cumulative Total to Date
Lynn M. Suter & Associates  Sacramento, CA 95814	83750.01	0.00	0.00	83750.01	167500.02

☐ If more space is needed, check box and attach continuation sheets
**TOTAL THIS PERIOD** (Column 4)

Also enter the total of Column 4 on Line B of the Summary of Payments section on page 1.

\$ 83750.01

PERIOD COVERED: 04/01/2009 06/30/2009NAME OF FILER: ALAMEDA COUNTY OF**C. ACTIVITY EXPENSES** (See instructions on reverse.)

Date	Name and Address of Payee	Name and Official Position of Reportable Persons and Amount Benefiting Each	Description of Consideration	Total Amount of Activity
			\$	\$

☐ If more space is needed, check box and attach continuation sheets.

 TOTAL SECTION C (Activity Expenses)  
 Also enter the total of Section C on Line C of  
 the Summary of Payments section on page 1.

\$ 0.00

**D. OTHER PAYMENTS TO INFLUENCE LEGISLATIVE OR ADMINISTRATIVE ACTION**
☒ NOTE: State and local government agencies do not complete this section. Check box and complete Attachment Form 640 instead.

1. PAYMENTS TO LOBBYING COALITIONS (NOTE: You must attach a completed Form 630 to this Report.)

\$ 0.00

2. OTHER PAYMENTS

\$ 0.00

 TOTAL SECTION  
 D (1 + 2) Also  
 enter the total of  
 Section D on Line  
 D of the Summary  
 of Payments  
 section on page 1.

\$ 0.00

**E. PAYMENTS IN CONNECTION WITH ADMINISTRATIVE TESTIMONY IN RATEMAKING PROCEEDINGS BEFORE THE CALIFORNIA PUBLIC UTILITIES COMMISSION**

Also, enter the total of Section E on Line E of the Summary of Payments section on page 1. (See instructions on reverse.)

\$ 0.00

PERIOD COVERED: 04/01/2009 06/30/2009NAME OF FILER: ALAMEDA COUNTY OF

**PART IV -- CAMPAIGN CONTRIBUTIONS MADE** (Monetary and non-monetary campaign contributions of \$100 or more made to or on behalf of state candidates, elected state officers and any of their controlled committees, or committees supporting such candidates or officers must be reported in A or B below.)

- A. If the contributions made by you during the period covered by this report, or by a committee you sponsor, are contained in a campaign disclosure statement which is on file with the Secretary of State, report the name of the committee and its identification number, if any, below.

Name of Major Donor or Recipient Committee Which  
Has Filed A Campaign Disclosure Statement:

Identification Number if  
Recipient Committee: \_\_\_\_\_

- B. Contributions of \$100 or more which have not been reported on a campaign disclosure statement, including contributions made by an organization's sponsored committee, must be itemized below.

Date	Name of Recipient	I.D. Number if Committee	Amount
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$

☐ If more space is needed, check box and attach continuation sheets.

**NOTE:** Disclosure in this report does not relieve a filer of any obligation to file the campaign disclosure statements required by Gov. Code Section 84200, et seq.

**Attachment Form 640**

(Attachment to Form 635 or Form 645)

CALIFORNIA  
1993 FORM**640**

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PERIOD COVERED: 04/01/2009--06/30/2009NAME OF FILER: ALAMEDA COUNTY OF

**For Use By:** A state or local government agency that qualifies as a lobbyist employer or a \$5,000 filer. Refer to the instructions on the cover page before completing this attachment.

**Other Payments to Influence Legislative or Administrative Action:**

1. Total payments for overhead expenses related to lobbying activity. <u>Report as a lump sum.</u> .....	\$ 2213.00
2. Total payments to Lobbying Coalitions. <u>Report as a lump sum.</u> ..... (Form 630 must be attached)	\$ 0.00
3. Total payments of less than \$250 during the calendar quarter for lobbying activity (excluding overhead). <u>Report as a lump sum.</u> .....	\$ 300.00
4. Total payments of more than \$250 during the calendar quarter for lobbying activity (excluding overhead). Such payments must be itemized below. ....	\$ 83750.01
5. Grand total of "Other Payments to Influence Legislative or Administrative Action." Also enter this total on the appropriate line of the Summary of Payments section on Page 1 of Form 635 or Form 645. ....	\$ 116238.80

Itemize below payments of \$250 or more made during the quarter for lobbying activity. Provide the name and address of the payee, the amount paid during the quarter, and the cumulative amount paid to the payee since January 1 of the biennial legislative session covered by the report.

Also itemize dues or similar payments of \$250 or more made to an organization that makes expenditures equal to 10% of its total expenditures or \$15,000 or more in a calendar quarter to influence legislative or administrative action. Provide the organization's name and address, the amount paid to the organization during the quarter, and the cumulative amount paid to the organization since January 1 of the biennial legislative session covered by the report.

Name & Address of Payee	Amount This Quarter	Cumulative Amount Since January 1
Alameda County Foster Youth Alliance	\$ 375.00	\$ 375.00
Oakland CA 94621		
c/o Gregor B. Hardcastles Treasurer California Assessor's Association	\$ 3900.00	\$ 3900.00
Visalia CA 93291-4593		
National Association of County Human Services Administration	\$ 1310.00	\$ 1310.00
Washington DC 20002		
Subtotal of all payments itemized above	\$ 5585.00	

☒ If more space is needed, check box and attach continuation sheets.

**Attachment Form 640**

(Continuation Sheet)

CALIFORNIA  
1993 FORM**640**

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PERIOD COVERED: 04/01/2009--06/30/2009NAME OF FILER: ALAMEDA COUNTY OF

Name & Address of Payee	Amount This Quarter	Cumulative Amount Since January 1 Biennial Legislative Session
Society for Human Resources Management  Baltimore MD 21298	480.00	480.00
California State Sheriff's Assn. (CSSA)  Sacramento CA 95814	26311.00	26311.00
American Public Human Services Assn.  Washington DC 20036	8990.00	8990.00
National Association of Counties (NaCO)  Baltimore MD 21279	28776.00	28776.00
National Forum for Black Public Administrators  Washington DC 20004	3025.00	3025.00
Oakland Chinatown Chamber of Commerce  Oakland CA 94607	60.00	60.00
National Association of Workforce Boards  Washington DC 20005	1500.00	1500.00
The Urban Land Institute  Washington DC 20055-0186	225.00	225.00
Alameda County Chief of Police & Sheriff's Assn. (Probation)  Dublin CA 94568	450.00	450.00
Subtotal of all payments itemized above	\$ 69817.00	

**Attachment Form 640**

(Continuation Sheet)

CALIFORNIA  
1993 FORM**640**

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PERIOD COVERED: 04/01/2009--06/30/2009NAME OF FILER: ALAMEDA COUNTY OF

Name & Address of Payee	Amount This Quarter	Cumulative Amount Since January 1 Biennial Legislative Session
Alameda County Chief of Police & Sheriff's Assn. (Sheriff Dept.)  Dublin CA 94568	450.00	450.00
American Planning Association  Carol Stream IL 60197-4291	723.00	723.00
California Assn. of Area Agencies on Aging  Santa Maria CA 93454	5600.00	5600.00
California Association of Clerks & Election Officials  Redding CA 96099	645.00	645.00
California Redevelopment Association  Sacramento CA 95814	6250.00	6250.00
California Workforce Association  Sacramento CA 95814	9000.00	9000.00
Chief Probation Officers of California  Sacramento CA 95814	21694.00	21694.00
County Welfare Directors' Assn  Sacramento CA 95814	48725.00	48725.00
Heartland Alliance for Human Needs  Chicago IL 60640	250.00	250.00
Subtotal of all payments itemized above	\$ 93337.00	

PERIOD COVERED: 04/01/2009--06/30/2009

NAME OF FILER: ALAMEDA COUNTY OF

Name & Address of Payee	Amount This Quarter	Cumulative Amount Since January 1 Biennial Legislative Session
International Council of Shopping Centers  New York NY 10020-1099	270.00	270.00
Health Officers Association of California  Sacramento CA 95814	12268.80	26036.64
ICMA  Baltimore MA 21279-0403	1400.00	1400.00
California Women Lead  Sacramento CA 95814	75.00	75.00
TeamCalifornia Economic Development  Granite Bay CA 95746	3500.00	3500.00
Silicon Valley Leadership Group  San Jose CA 95110	1000.00	1000.00
Subtotal of all payments itemized above	\$ 18513.80	